

Registration for holiday dialysis (part 2); **Medical report / certificate****Patient**

Name:	First name:	Date of birth:
Hemodialysis since:	Patient is listed for transplantation yes <input type="checkbox"/> no <input type="checkbox"/>	
Height [cm]:	Blood group:	
Mode of dialysis: HD <input type="checkbox"/> HDF <input type="checkbox"/> other:	Shunt / access:	

Dialysis team

Dialysator:	Surface [m2]:	Concentrate:
Needle: SN <input type="checkbox"/> DN <input type="checkbox"/> G: short <input type="checkbox"/> long <input type="checkbox"/>		Sodium [mmol/L]: Potassium [mmol/L]:
Catheter: central venous catheter <input type="checkbox"/> Perm Cath <input type="checkbox"/> other:		Ca [mmol/L]: Mg [mmol/L]:
		Glucose [g/L]:

Parameters of treatment

Duration[h.min.]:	Sodium to be achieved [mmol/L]:	Sodium profile:
Bloodflow [ml/min]:	Bicarbonate to be achieved [mmol/L]:	Start Sodium [mmol/L]:
Dialysate temp. [°C]	Dialysate-flow [ml/min.]:	HDF Volume [L]:

Anticoagulation

Medication:	Bolus [UI]:
continuous [UI/h]:	Cummulative dose [UI]:
Stop at [h.min.]:	

Ultrafiltration

Max. total ultrafiltration-rate [ml]:	Weight to be achieved [kg]:
UF profile:	Residual diuresis [ml/24h]:

Allergies:	
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Medikation during dialysis

Name	Dosis	Form of administration	Interval	Last given	Comment

Documents

List of diagnoses
List of medication
Laboratory results (including hepatitis, HIV)
ESBL, CPE, VRE (rektal), MRSA
Sketch of dialysis shunt

Date: _____ Signature (Nephrologist in charge): _____

Please return this form together with the documents mentioned above at least 1 week before begin of holiday dialysis:

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